

An Update from the office of Governor Phil Bredesen

March 26, 2007

BREDESEN FORMALLY LAUNCHES COVERKIDS PROGRAM

Governor Phil Bredesen today traveled to a suburban YMCA in Nashville, the Bellevue Family YMCA and J.L. Turner Lifelong Learning Center, to officially launch CoverKids, which provides comprehensive health coverage to uninsured children who do not qualify for TennCare. BlueCross BlueShield of Tennessee will administer CoverKids.

"Over 100,000 Tennessee children go without any health insurance every year. Starting today they are covered," Bredesen said. "CoverKids provides access to complete health care coverage for these children so they have the opportunity for a healthy start in life."

CoverKids offers comprehensive health insurance coverage for children 18 years-old and younger, similar to the benefits offered to dependents of state employees. Emphasis is placed on preventive care and services most needed by children, including vaccinations, well-child visits, healthy babies program, and developmental screenings. In addition, there are no pre-existing condition exclusions.

To be eligible, applicants must be a Tennessee resident and a U.S. citizen or qualified legal immigrant.

| Persons in Family Unit | No CoverKids premium for Household Income up to 250% FPL |
|---------------------------|--|
| 1 | Up to \$25,525 |
| 2 | Up to \$34,225 |
| 3 | Up to \$42,925 |
| 4 | Up to 51,625 |
| 5 | Up to \$60,325 |
| 6 | Up to \$69,025 |
| 7 | Up to \$77,725 |
| 8 | Up to \$86,425 |

"Over 100,000 Tennessee children go without any health insurance every year. Starting today they are covered."

-- Governor Phil Bredesen

CoverKids features no monthly premiums for households up to a certain income level (see chart at left), but each participant will pay reduced co-payments for services. Families above the income limit who wish to purchase coverage for their child can "buy-in" to the program by paying monthly premiums of approximately \$227 per month per child for the year 2007.

Pregnant women under 250 percent of the federal poverty level who are otherwise eligible may apply for coverage, including pre-natal, delivery and postpartum care.

Governor Bredesen's multi-pronged effort, Cover Tennessee, extends health insurance to targeted groups of uninsured individuals in Tennessee.

CoverTN, the centerpiece of the initiative, is an affordable and portable health insurance initiative for uninsured small businesses and the self employed. Chronically ill adults are eligible for AccessTN, a high-risk pool. The Cover Tennessee initiative also targets the growing prevalence of diabetes through ProjectDiabetes and focuses on improved lifestyle choices through GetFitTN. The programs were overwhelmingly endorsed by the General Assembly in 2006.

More information on all Cover Tennessee programs is available at www.CoverTN.gov or by calling 1-866-COVERTN.

Applications for CoverKids are available at http://www.covertn.gov/coverkids.app.pdf

Cover Tennessee March 26, 2007

PROJECT DIABETES NOW ACCEPTING APPLICATIONS FOR PLANNING GRANTS

The Tennessee Center for Diabetes
Prevention and Health Improvement is now
accepting applications for Project Diabetes
planning grants to support the development
of innovative, evidence-based programs
focused on the prevention and/or treatment
of obesity, pre-diabetes and diabetes.
Applications are due by 2 pm, April 16, 2007.

Project Diabetes is rolling out its grant program in two phases. The first phase will fund planning grants for eligible applicants that have identified a sound concept for a program targeting the prevention and/or treatment of diabetes, but require resources in order to plan, develop, and prepare the program for implementation. The second phase will fund implementation of sustainable programs.

Grants are open to primary and specialty healthcare providers and others who deliver services related to the prevention and/or treatment of obesity, pre-diabetes and diabetes.

For example, community or faith-based clinics, federally qualified health centers, county health departments, hospitals or other health-related service providers may apply. Other eligibility criteria include:

- Either 501(c)3, 501(c)6 with membership made up of 501(c)3 entities, or a public entity
- > In existence for 3 years
- Evidence of financial stability
- Utilizing evidence-based practices
- Measurable results from past programs

While sizes and terms of these grants will vary by circumstance and need of the specific program proposed, they will not typically exceed \$50,000 from June 15, 2007 to June 14, 2008.

Every application will need to demonstrate a 33% dollar-for-dollar cash or in-kind match for requested state funds. The match can come from in-kind donations of facilities, equipment or services; from federal funds; or from other private sources.

Competitive proposals are expected to include the rationale, significance and need for the future program; a description of the potential impact of the program; characteristics for program participants, plans for outreach, recruitment and follow-up; anticipated program challenges; and a comprehensive evaluation plan with a clear sustainability component.

Priority will be given to programs targeting key indicators, for example, programs that:

- Target communities/populations with a high prevalence of diabetes or diabetes risk factors:
- Test cost-effective, sustainable strategies for achieving control of known diabetes precursors like hyperglycemia, hypertension, and dyslipidemia;
- Test cost-effective strategies for producing sustainable lifestyle modifications known to reverse or prevent obesity, prediabetes or Type 2 diabetes in high-risk populations;
- Are novel in design but structured based on models with a demonstrated ability to prevent or reverse obesity and Type 2 diabetes, to improve care of Type 2 diabetic patients, and/or prevent or postpone development of known obesity or diabetes-related complications;
- Engage a representative sample of the designated population without regard to insurance status; and
- Demonstrate clear evidence of strong community partnerships. In communities without formal coalitions, planning funds and technical assistance may be requested to foster development of these networks.

Grant applications are available at http://www2.state.tn.us/health/Downloads/
ProjectDiabetes App.pdf

Please direct questions to 615-741-0394